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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/838,787
	Filing Date	04/20/2001
	First Named Inventor	Brian Lee Badger
	Group Art Unit	1636
	Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission		Attorney Docket Number 20-LC-4068/624226-304

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Post Card 2) Notice of Incomplete Reply 3) Drawing Transmittal
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David G. Maire, Esquire Reg. No. 34,865 Beusse, Brownlee, Bowdoin & Wolter, P. A.
Signature	<i>David G. Maire</i>
Date	<i>8/7/2001</i>

CERTIFICATE OF MAILING	
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Typed or printed name	David G. Maire
Signature	<i>David G. Maire</i>
Date	<i>8/7/2001</i>

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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/838,787	04/20/2001	Brian Lee Badger	20-LC-4068/624226 304

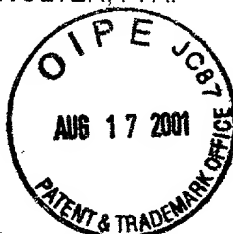
CONFIRMATION NO. 9792

FORMALITIES LETTER



OC000000006382236

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Date Mailed: 08/03/2001

NOTICE OF INCOMPLETE REPLY (NONPROVISIONAL)

Filing Date Granted

The U.S. Patent and Trademark Office has received your reply on to the Notice mailed and it has been entered into the nonprovisional application. The reply, however, doesnot include the following items required in the Notice.

The period of reply remains as set forth in the Notice. You may, however, obtain EXTENSIONS OF TIME under the provisions of 37 CFR 1.136 (a) accompanied by the appropriate fee (37 CFR 1.17(a)).

A complete reply must be timely filed to prevent ABANDONMENT of the above-identified application.

- Substitute drawings in compliance with 37 CFR 1.84 because:
 - drawing sheets do not have the appropriate margin(s) (see 37 CFR 1.84(g)). Each sheet must include a top margin of at least 2.5 cm. (1 inch), a left side margin of at least 2.5 cm. (1 inch), a right side margin of at least 1.5 cm. (5/8 inch), and a bottom margin of at least 1.0 cm. (3/8 inch);

A copy of this notice MUST be returned with the reply.

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PART 2 - COPY TO BE RETURNED WITH RESPONSE



#6

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In application of:

Applicants: Brian Lee Badger

Serial No.: 09/838,787

Filed: 04/20/2001

For: LOCOMOTIVE WRECK
REPAIR

Examiner: Not Yet Assigned

Group Art : 1636

Commissioner for Patents
Attention: Official Draftsperson
Washington, D.C. 20231

Sir:

SUBMITTAL OF FORMAL DRAWINGS

Enclosed herewith are two (2) sheets of formal drawings for FIGS. 1- 3.

Please substitute these formal drawings for the drawings now on file in the above-identified patent application.

Respectfully submitted,

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